



SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



DO NOT USE FOR

* Contractor
vehicle permit

OR

* Single Day
Temporary Parking
Restriction
Request

DIRECTIONS

Step One:

- If this request involves closing a street
Contact Lafayette Police – Special Operations Division / 765-807-1272
- If this request involves renting the Big Four Depot - Community Room,
Riehle Plaza, or John T. Myers Pedestrian Bridge
Contact Facilities Department for availability / 765-807-1323

Step Two:

- Complete and submit this application to Lafayette Clerk's Office
City Hall, 2nd floor, 20 N 6th Street, Lafayette, IN / 765-807-1021

User Information

Date of Event: 10-16-20 Time: From: 3:00 am/pm to: 6:00 am/pm

Name: Nicole Freeman Organization: private individual

Street Address: 1107 North Street

City: Lafayette State: IN Zip Code: 47904

Contact person(s): Felicia Dale Phone Number(s): 765-586-4144

Email: Felicia @ emerald lotusevents . com

Event Description: Small wedding ceremony

Caterer: N/A Caterer's Phone Number: N/A

This event will utilize the following venues (check all that apply):

- ☐ Big 4 Depot - Community Room ☐ Riehle Plaza ☒ John T. Myers Bridge
☐ City Right-of-way ☐ City Street ☐ Sidewalk ☐ Other _____

This event will include the following elements (check all that apply):

Estimated Attendance: 10 ☐ Private Trash Hauler (must be removed by 8am following day)

☒ Street/Sidewalk/Right-of-way restriction or closure ☐ Food or Beverages

☐ Restroom Facilities (required for events 4+ hours) ☐ Tents/Canopies

☐ Alcohol (security is required) ☐ Security (required when serving alcohol)

Not sure if you need an A&E Permit? Go to:

☐ Amusement & Entertainment Permit # _____ <http://www.in.gov/dhs/2795.htm>

☐ Stage ☐ Fireworks ☐ Outdoor cooker/grill ☐ Other _____

Optional Equipment & Services:

- ☒ Traffic Control: barricades, **No Parking** signs, water barriers, **Road Closed** Signs \$25
- ☐ City Equipment: Trash totes, picnic tables, other \$25

Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days		42 days	
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

Application submittal checklist

- ☒ Application
- ☐ Pre-event meeting (if required)
- ☐ Good Neighbor letter to neighboring properties (send out prior to Board of Works hearing)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☒ Receipt – payment made to City of Lafayette
- Damage Deposit: \$ _____ (required only when renting Depot)
- Permit Fee: \$ 25 (fee waived when renting Depot)
- Rental Fee: \$ _____
- Equipment & Services: \$ 25 (optional)
- ☒ Certificate of Insurance
- ☐ Amusement & Entertainment Permit # _____
- Not sure if you need an A&E Permit? Want more information? Go to:
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)

USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefore, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: _____

"User"

By: Nicole Freeman
Signature

Printed: NICOLE FREEMAN

Date: 8/28/2020

To Whom It May Concern:

Nicole Freeman is requesting to host her small wedding ceremony on the John T. Myers Pedestrian bridge.

This will be hosted on October 16th at 4:00 pm.

The reservation of the bridge is requested from 3pm-6pm.

There will be 10 people in attendance. There will not be any amplified music or microphones.

The bridge was chosen due to its proximity to Purdue campus and Tapawingo park.



Nationwide®
is on your side

Certificate of Liability Insurance

Please attach this important addition to your policy.

The company certifies that the policy numbered below is in force as of the date shown.

This certificate applies to the Personal Liability coverage in accordance with the policy provisions. The policy covers "bodily injury" for damages related to the "insured's" premises or personal actions. Any additional locations or exposures for the purpose of the Certificate are listed in the Schedule below.

Schedule: Additional locations or exposures
Wedding and Reception John T Myers Pedestrian Bridge Tapawingo Park, Lafayette, IN 47906

The company agrees to mail notice to the certificate holder, at the address shown below, at least 10 days prior to the effective date of any material policy change, or of cancellation of this endorsement or the policy. However, if an expiration date is shown below, this certificate will expire on that date without notice.

This certificate does not amend, extend, or otherwise change the terms, exclusions, and conditions of any insurance provided.

Policy number: Effective date:
9113HS005902 10/16/2020

Limit of liability:
\$ <u>500,000.00</u>

Certificate holder's name and address:

City Of Lafayette IN
Tapawingo Park, Lafayette, IN 47906

Expiration date (Certificate is continuous if
no date is shown herein):

10/17/2020

This certificate is issued by the company shown in the Declarations as the issuing company.

Policyholder:

JAMES C REEDER & NICOLE FREEMAN
1107 NORTH ST
LAFAYETTE, IN 47904-1984

Countersigned at:

Nationwide Insurance

Authorized Representative:

James Flores

G 3000 07 16

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME:	
	PHONE (A/C, No, Ext): (888) 202-3007	FAX (A/C, No):
INSURED New Adventure Productions LLC 2232 Miami Trail West Lafayette IN 47906	E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hiscox Insurance Company Inc	NAIC # 10200
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			UDC-2287435-BOP-20	06/15/2020	06/15/2021	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input checked="" type="checkbox"/> CGL is on BOP Form						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ S/T Gen. Agg.
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> OTHER:							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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MISCELLANEOUS PAYMENT RECPT#: 2295042
City of Lafayette, IN
20 N 6th St
Lafayette IN 47901

DATE: 08/28/20 TIME: 14:23
CLERK: sscott DEPT:
CUSTOMER#: 999
MISC CUSTOMER
COMMENT:

CHARGES:
APG1 APPLICATION FEE 25.00
BARR BARRICADE RENTA 25.00
AMOUNT PAID: 50.00

PAID BY: FELICIA DALE
PAYMENT METH: CREDIT CARD
V 1151

REFERENCE:

AMT TENDERED: 50.00
AMT APPLIED: 50.00
CHANGE: .00

CITY OF LAFAYETTE IN - PARKS ZOO
20 N 6TH ST
LAFAYETTE, IN 47901
765-807-1000

Merchant ID: D0008983
Record Num.: 1822

Sale

xxxxxxxxxxxx1151 Exp: XX/XX
VISA Entry Method: Swiped
Total: \$ 50.00
08/28/20 14:14:55
Inv#: 000003 Appr Code: 028700
Apprvd: Online Batch#: 000425
TRN Ref #: 1226034711 e

THANK YOU!
PLEASE COME AGAIN!

CARDHOLDER COPY

RETAIN THIS COPY FOR STATEMENT
VERIFICATION